



# Motor Vehicle Division

46-0502 R10/03 www.dot.state.az.us

Mail Drop 526M  
Motor Carrier and Tax Services  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## TRANSPORTER APPLICATION

MVD Account Number

Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP		US DOT Number		Federal Employer ID Number (EIN)	
Business Name		DBA (doing business as)			
Business Address		City		State	Zip
Mailing Address		City		State	Zip
Business Hours From: <input type="checkbox"/> am <input type="checkbox"/> pm To: <input type="checkbox"/> am <input type="checkbox"/> pm		Public Phone Number ( )		County	
Contact Person		Phone ( )		Fax ( )	

Applicants: Full name, no initials. If no middle name, write "none". Title: Sole Owner, Partner, Corporate Officer (President, Vice President, Secretary, etc.) or Director. If more space is needed, attach a separate sheet.

1. Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Residence Address		City		State	Zip	
2. Applicant Name		Title		Driver License Number		State
Residence Address		City		State	Zip	
3. Applicant Name		Title		Driver License Number		State
Residence Address		City		State	Zip	

Registration and First Two Plates = \$535.00  
Additional Plates Qty: \_\_\_\_\_ x \$110.00 = \_\_\_\_\_  
Total \_\_\_\_\_

**Every registration, plate, or tab issued expires at midnight on December 31st of each year.**

I certify that the transporter plates and tabs will not be transferred to any other person and that this business, if application is approved, will comply with all applicable Arizona laws. I consent to comply with financial responsibility verifications conducted by MVD, or submit to the suspension of the transporter registrations and plates. I fully understand it is mandatory to carry evidence in the vehicle of current financial responsibility for that motor vehicle when operated on any highway in this state.

If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature		Date	Title		
2nd Partner Signature		Date	3rd Partner Signature		Date
Acknowledged before me this date.			Notary Public or MVD Agent Signature		
Date	County		State	Commission Expires	

If you have any questions, please call: Phoenix 602-712-6775, Tucson 520-629-9808, elsewhere in Arizona 800-251-5866, (TDD Speech/Hearing Impaired: Phoenix 602-712-3222, elsewhere 800-324-5425). Thank you.

<b>MVD Use</b>	Reviewed and Accepted By	Date	Cash \$	Check \$	Check Number
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